(ii):-4	The Comr	monwealth of Massachuset	ts	Assessors' U	Jse only
)/2001				Date Received	, -
				Application No.	
	<del></del>	Name of City or Town		Parcel Id.	
FISCAL YE	LOW INCOME PER AR APPLIC.	RSONS - LOW OR MODE ATION FOR COMMUNIT General Laws Chapter	TY PRESERVATI	SENIORS ION ACT EXEMP	TION
_			Return to:	: Board of Asses	ssors
_					
NSTRUCTIONS:	Complete all sections	s. Please print or type.			
A. IDENTIFICATION	ON. Complete this see	ction fully.			
Name of Applica	nt		Telephone Nu	umber	
Social Security N	o		Marital Status	s	
Were you 60 year	s or older on January	1? Yes No	7		
	ear of application, please domicile) on lanuary	e attach copy of birth certifica 1	tc.		
Mailing address	(if different)	No. Street		City/Town	Zip Code
,,		No. Street No.	o, of dwelling units:	City/Town: 1 2 3 3 41	
If yes, were you	: Sole owner	1,? Yes No Co-owner with spouse		owner with others	[ ]
		of January 1,? Yes	No []		
	attach trust instrument	· ·		1 -1 1	
Have you been g If yes, name of c		n in any other city or town $T_b$	for this fiscal year the of exemption		
D. CIONATURE	Circle 1	- the conflict			
This application h	nowledge and belief, t	e the application. examined by me. Under the application and all acc			
Signature				Date	
If signed by agent	, attach copy of writte	en authorization to sign on	behalf of taxpaye	τ.	

## YOU MUST ALSO COMPLETE SCHEDULES C - F ON FOLLOWING PAGES

FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE.
TO AVOID INTEREST AND COLLECTION CHARGES, YOU MUST FAY SURCHARGE AS BILLED BY DUE DATE.
IF EXEMPTION IS CRANTED AND SURCHARGE IS PAID IN FULL, REFUND WILL BE MADE.
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

Full Name (First, Middle, Last)	Relationship to Applicant	Date of Birth	Occupation or School Grade	Social Security No (for verification)
				<u> </u>
inue list on attachment, in sa				
medical expenses incur by or reimbursed by en health insurance premi	red by <u>all</u> household me nployer, public or priva ums, co-payments, dedi	embers during caler te health insurance o	ndar year before Janu or other third party.	ary 1 that were <u>not</u> p Includes amounts pa
medical expenses incur by or reimbursed by en health insurance premi	red by <u>all</u> household me nployer, public or priva ums, co-payments, dedu enses claimed.	embers during caler te health insurance o	ndar year before Janu or other third party. ut of pocket expense: ocket for	ary 1 that were <u>not</u> p Includes amounts pa
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medical expenses incur by or reimbursed by en health insurance premi- requested to verify expe  TYPE OF E  Health insurance prem	red by <u>all</u> household menployer, public or privatums, co-payments, deductions claimed.	embers during caler te health insurance o uctibles and other or  Total Out of Po Preceding Caler	ndar year before Janu or other third party. ut of pocket expense: ocket for ndar Year	ary 1 that were <u>not</u> p Includes amounts pa
medical expenses incur by or reimbursed by en health insurance premi- requested to verify expe  TYPE OF E  Health insurance prem  Doctors	red by <u>all</u> household menployer, public or privatums, co-payments, deductions claimed.	embers during caler te health insurance o uctibles and other or  Total Out of Po Preceding Caler  \$	ndar year before Janu or other third party. ut of pocket expense: ocket for ndar Year	ary 1 that were <u>not</u> p Includes amounts pa
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medical expenses incur by or reimbursed by en health insurance premi- requested to verify expense  TYPE OF E  Health insurance premi Doctors  Hospitals  Diagnostic tests	red by <u>all</u> household menployer, public or privatums, co-payments, deductions claimed.	embers during caler te health insurance of uctibles and other of  Total Out of Po Preceding Caler  \$	ndar year before Janu or other third party. ut of pocket expenses ocket for ndar Year	ary 1 that were <u>not</u> p Includes amounts pa
Health insurance pren Doctors Hospitals Diagnostic tests Prescription drugs	red by <u>all</u> household menployer, public or privatums, co-payments, deductions claimed.	embers during caler te health insurance of uctibles and other or  Total Out of Po Preceding Caler  \$	ndar year before Janu or other third party. ut of pocket expenses ocket for ndar Year	ary 1 that were <u>not</u> p Includes amounts pa

older and not full time student during calendar before January 1. Please list members in same order as shown in Schedule B above. Copies of federal and state income tax returns may be requested to verify income reported for each household member. E. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR. List income received from all sources for each member of household 18 and

	Applicant Name	Member 1 Name	Member 2 Name	Member 3 Name
TYPE OF INCOME				
Wages, salaries, other compensation	\$	\$	8	€9
Social Security				
Other pension/retirement benefits				
Interest/dividends				
Rental income			-	
Net profits from business or profession				
Capital gains				
Alimony				
Child support				
Public assistance				
Unemployment compensation				
Disability compensation				
Other (specify):				
TOTAL GROSS INCOME - MEMBERS	€	\$	\$	₩.
				₩.

Continue list on attachment, in same format, as necessary.

## F. CO-OWNERS' HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR.

Does Schedule E above include the gross income of all co-owners of the property as of January 1,

If no, a Schedule B, C and E inust be attached for <u>each</u> co-owner not included

## DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY) Age Ownership Occupancy Applicant's Gross Income \$ \_\_\_\_\_ Dependent Deduction Medical Deduction Applicant's CPA Income Co-owner 1 Gross Income Dependent Deduction Medical Deduction Co-owner 1 CPA Income Co-owner 2 Gross Income Dependent Deduction Medical Deduction Co-owner 2 CPA Income GRANTED DENIED Assessed surcharge Exempted surcharge Adjusted surcharge **BOARD OF ASSESSORS** Date voted Certificate number Date certificate/Notice sent Date: